

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

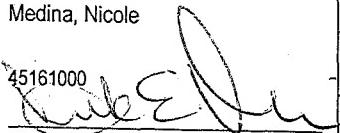
Week Ending: June 12, 2010

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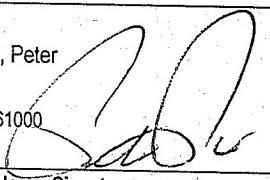
Employee Name:		Sunday 06/06/10	Monday 06/07/10	Tuesday 06/08/10	Wednesday 06/09/10	Thursday 06/10/10	Friday 06/11/10	Saturday 06/12/10
Glazer, Lisa 45161000 	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	1:00 1:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			5:15 11:00	12:45			
Document exceptions or comments, indicate type and amount.								
Lawler, Michael 45161000 	Day: In - Out		7:50 6:20	8:15 5:20	8:00 10:45	7:55 3:55	7:45 6:45	7:00 5:30
	Lunch: Out - In		12:50 2:50	1:50 1:20		12:55 1:25	1:10 2:40	1:25 1:20
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Medina, Nicole 45161000 	Day: In - Out		7:35 12:35	7:40 3:40	7:45 3:45	8:05 3:35	7:50 3:20	
	Lunch: Out - In			12 12:30	12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
O'Brien, Elisabeth 45161000 	Day: In - Out		7:40 1:45	7:45 2:45	7:45 5:15	7:55 1:55	7:50 1:30	
	Lunch: Out - In		12:30	11:30 12:00	11:30 12:00			
	Outside Duty: From - To		9:15 1:40					
Document exceptions or comments, indicate type and amount.								

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Employee Name:		Sunday 06/06/10	Monday 06/07/10	Tuesday 06/08/10	Wednesday 06/09/10	Thursday 06/10/10	Friday 06/11/10	Saturday 06/12/10
Philips, Gloria 45161000 	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			CMT 7.5 ✓	SIC 2.5 ✓	CMT 7.5 ✓	SIC 7.5 ✓	SIC 7.5 ✓	
Piro, Peter 45161000 	Day: In - Out		715 615 705 310			725 130 715 315	645 515	
	Lunch: Out - In		12 1230 1240 110				1245 115 1230 100	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.		OT 3.0 ✓		VAC 7.5 ✓	VAC 1.5 hr ✓		OT 10.0 ✓	
Renczkowski, Daniel 45161000 	Day: In - Out		645 245 645 245 700 300 1045 245					
	Lunch: Out - In		1200 1230 1200 1230 1200 1230 1200 1230					
	Outside Duty: From - To					8 45 1100		
Document exceptions or comments, indicate type and amount.				BMC		7.5 hr VAC ✓		
Saunders, Della 45161000 	Day: In - Out		6:45 3:30 6:45 3:30 6:45 3:30 6:45 3:30 6:45 9:45 6:45 2:50					
	Lunch: Out - In		1:30 2:00 1:30 1:50 1:30 2:00 1:15 1:45					
	Outside Duty: From - To			BMC 11:00 12:45				
Document exceptions or comments, indicate type and amount.		OT 0.75 hr ✓	OT 0.75 hr ✓	OT 0.75 hr ✓	OT 0.75 hr ✓	VAC 4.5	OT 7.5 ✓	

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/12/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Dalem Date: 6/10/10

Department Head: F. T. Davis Date: 6/10/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Peter Piero	138624	10.0 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	9.5 hrs			
Michael Lantese	130459	10.0 hrs			